



# OFFICE OF THE CITY TREASURER

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202  
 TELEPHONE: (414) 286-2240 • FAX: (414) 286-3186 • TTY: (414) 286-2025

**Wayne F. Whittow**  
 CITY TREASURER

DATE:

TAX KEY/ACCOUNT NUMBER:

PROPERTY ADDRESS:

## AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER FOR REAL ESTATE AND PERSONAL PROPERTY TAXES

I authorize the City Treasurer to start debiting my account at the financial institution specified below for the current levy property taxes due, payable on the current monthly installment payment plan, for the property tax key/account number noted above. **Monthly installment tax payments due to be debited to my account on the 25<sup>th</sup> of each month, or the following business day if the 25<sup>th</sup> falls on a weekend or holiday.** I understand that the transfer of funds to the City Treasurer will not occur if there are insufficient funds in my account. **This authorization is to remain in effect and shall apply to subsequent tax levy years until the City Treasurer receives a written notification from me of its termination.** Cancellation of this authorization must be received by the first of the month in which I want to terminate my participation in the EFT installment payment plan.

Name on Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Day Time Telephone Number with Area Code: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Type (Check One):      Checking      Savings

Routing Number (9 Digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

**I have read and agree to the terms and conditions stated herein:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clearly Print Signatory's Name Here:** \_\_\_\_\_

PLEASE ENCLOSE VOIDED CHECK FOR CHECKING ACCOUNT DEBITS OR  
 VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNT DEBITS.